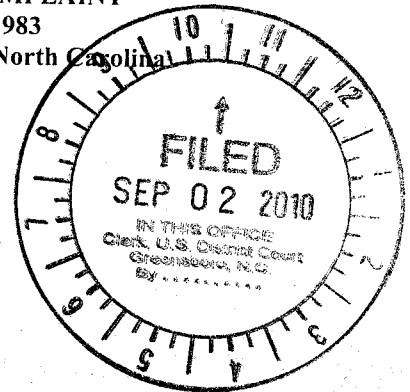


FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983
in the United States District Court for the Middle District of North Carolina



SULTAN JON'TA TOMORREEA HAMPTON-BEY
(MOORISH AMERICAN NATION)

(Enter above full name of plaintiff—only one plaintiff permitted per complaint)

THE UNITED STATES OF AMERICA ▲
(RICHMOND COUNTY NC)

(Enter above full name of defendant or defendants)

I. Previous law suits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes (✓) No ()
- B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to preview lawsuit:

Plaintiffs: Jon'ta Tomorreea Hampton-Bey et al

Defendants: P.E. Parsons et al

2. Court (if federal court, name the district; if state court, name the county):

UNITED STATES DISTRICT FOR THE EASTERN DISTRICT OF NC

3. Docket number: NO. 5:09-CT-3016-FL

4. Name of judge assigned to case: LOUISE W. FLANAGAN

5. Disposition (for example, was the case dismissed? appealed? is it still pending?)

TRANSFERRED IN THE INTEREST OF JUSTICE, BY COURT ORDER, TO U.S.D.C. MDNC. "RESERVATION OF RIGHTS," APRIL 30, 2009 AFF'D JULY 14, 2009

6. Approximate date of filing lawsuit: JANUARY 29, 2009

II. Previous *in forma pauperis* lawsuits

- A. While incarcerated or detained in any facility, have you filed a lawsuit in any federal court in which you were allowed to proceed *in forma pauperis* (without prepayment of fees)?

(✓) Yes () No

1. Name the court and docket number for each: UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF NORTH CAROLINA, (NO. 5:09-CT-3016-FL, NO. 5:10-CT-3019-FL).

- B. Were any of these cases dismissed under 28 U.S.C. § 1915(d) on the grounds that they were frivolous, malicious, or failed to state a claim upon which relief may be granted? Yes () No (✓)
1. If yes, how many? _____
 2. Name the court and docket number for each: _____

III. Exhaustion of Inmate Administrative Remedies

- A. Did you present the facts of each claim relating to your complaint to the Inmate Grievance Commission or any other available administrative remedy procedure? Yes () No (✓)
- B. If your answer is Yes:
1. When did you file your grievance? _____
 2. What was your grievance? _____

 3. Did you appeal any adverse decision to the highest level possible in the administrative procedure? Yes () No ()
If yes, when was the decision and what was the result? _____

- C. If your answer to A is no, identify the claim(s) and explain why not: RESERVATION OF SOVEREIGN RIGHTS, BEING DENIED BY THE UNITED STATES OF AMERICA "WITHOUT PREJUDICE" (U.C.C. § 1-207); PURSUANT TO THE CIVIL RIGHTS ACT. 42 U.S.C. § 1983; 102 S. Ct. 2257. U.C.C. § 1-103.

IV. Parties

A. Plaintiff(s)

Name of plaintiff:

Sultan Jon'Ta Tomorrhea Hampton-Bey

Current address (place of confinement):

WARREN CORRECTIONAL INSTITUTION NO. 4290, P.O. BOX 399, MANSON NORTH CAROLINA [U.S. POSTAL CODE: 27553]

(You may lose important legal rights unless you immediately notify the court of any address change.)

- B. Defendant(s) (NOTICE: A person must be identified in this subsection B in order to be considered and served as a defendant.)

Name of defendant 1: UNITED STATES OF AMERICA

Position: CLERK OF SUPERIOR COURT

Place of employment:

▲ COUNTY OF RICHMOND

Current address:

114 E. FRANKLIN STREET, ROOM 103

ROCKINGHAM, NORTH CAROLINA [U.S. POSTAL CODE: 28379]

Additional defendant(s) (provide name, position, place of employment, and current address for each)

Defendant 2: _____

Defendant 3: _____

Defendant 4: _____

(Continue on a separate sheet if necessary.)

V. Statement of Claim

State here as briefly as possible the FACTS in your case. Do this by describing how each defendant named in Section III.B. above is personally involved in depriving you of your rights. Include relevant times, dates, and places. DO NOT GIVE LEGAL ARGUMENTS OR CITE ANY CASES OR STATUTES. You may only combine claims involving events that relate to all defendants. Number and set forth each separate claim in a separate paragraph. Unrelated claims involving separate events must be set out in a separate complaint. (Attach extra sheets if necessary.)

In accordance with Docket Entry No.s 13, 16, 19, 20, "21" and 22 of Hampton-Bey v Keller, pursuant to Docket Entry No. 1, Defendant Richmond County, File No. 08SP247 have violated my rights pursuant to the said Affidavit of Proclamation, by not responding to my Averment of Jurisdiction; constituting due process and equal protection violations, which deprived me of my rights secured by the laws and Constitution of the United States, this event occurred on August 24, 2010— and took place in the General Court of Justice Superior Court Division.

J. Hampton-Bey

VI. Relief

STATE BRIEFLY EXACTLY WHAT YOU WANT THE COURT TO DO FOR YOU. MAKE NO LEGAL ARGUMENTS. CITE NO CASES OR STATUTES.

WHEREFORE, Plaintiff prays the court grant a mandatory injunction.

Signed this 31st day of August, 20 10.

Prison No. 0595300

Signature

"UNDER RESERVATION" (U.C.C. § 1-207)

SULTAN JUMA TOMBREEA HAMPTON-BEV

IBSR140 (60)

NORTH CAROLINA DEPARTMENT OF CORRECTION
TRUST FUND ACCOUNT STATEMENT
FACILITY: 4290 - WARREN CI
FOR: 08/16/10 - 08/23/10

08/23/10
18:57:50
PAGE 815

ACCT. NAME: HAMPTON, JON'TA T.
BED: 1PODB121

ACCT#: 0595300
TYPE: INMATE

ENDING BALANCE 08/23/10 \$ 0.00 INCLUDES CANTEEN LIMIT OF \$ 0.00

BATCH DATE	NBR.	TYPE	REFERENCE NUMBER	FACL	+/-	AMOUNT	BALANCE
08/17/10	017	TRANSFER IN		4290	+	\$ 0.00	\$ 0.00
08/17/10	021	TRANSFER OUT		3740	-	\$ 0.00	\$ 0.00
BEGINNING BALANCE						\$	0.00

DEBT DATE	DEBT TIME	TYPE OF DEBT	AMOUNT OF DEBT	AMOUNT STILL OWED
08/20/09	11:14	FILING FEES - CASE# 5:09-CT-3134-DO	\$ 350.00	\$ 347.00
09/11/09	17:15	ADM FEE -CASE#9/04/0911:351C03	\$ 10.00	\$ 7.12
10/15/09	07:45	MEDICAL -SICK CALL WITH NURSE	\$ 5.00	\$ 5.00
10/19/09	15:29	ADM FEE -CASE#9/21/0915:302C03	\$ 10.00	\$ 10.00
10/20/09	15:30	MEDICAL -INMATE DECLARED EMER	\$ 7.00	\$ 7.00
10/27/09	09:35	MEDICAL -INMATE DECLARED EMER	\$ 7.00	\$ 7.00
12/28/09	13:12	ADM FEE -CASE#1/03/0914:002C03	\$ 10.00	\$ 10.00
01/06/10	09:00	MEDICAL -INMATE DECLARED EMER	\$ 7.00	\$ 7.00
01/11/10	20:55	MEDICAL -INMATE DECLARED EMER	\$ 7.00	\$ 7.00
01/15/10	07:45	MEDICAL -INMATE DECLARED EMER	\$ 7.00	\$ 7.00
01/16/10	12:10	MEDICAL -INMATE DECLARED EMER	\$ 7.00	\$ 7.00
01/25/10	16:30	MEDICAL -INMATE DECLARED EMER	\$ 7.00	\$ 7.00
02/01/10	08:00	DENTAL -SICK CALL/DENTIST	\$ 5.00	\$ 5.00
02/09/10	00:02	MEDICAL -INMATE DECLARED EMER	\$ 7.00	\$ 7.00
02/16/10	22:15	MEDICAL -INMATE DECLARED EMER	\$ 7.00	\$ 7.00
02/19/10	17:00	MEDICAL -SICK CALL WITH NURSE	\$ 5.00	\$ 5.00
02/22/10	16:43	FILING FEES -CASE# 5:10-CT-3019-FL ✓	\$ 350.00	\$ 350.00
03/02/10	17:30	MEDICAL -SICK CALL WITH NURSE	\$ 5.00	\$ 5.00
03/12/10	07:06	MEDICAL -INMATE DECLARED EMER	\$ 7.00	\$ 7.00
04/08/10	08:05	MEDICAL -SICK CALL WITH NURSE	\$ 5.00	\$ 5.00
04/12/10	14:38	ADM FEE -CASE#4/03/1011:151B99	\$ 10.00	\$ 10.00
04/19/10	15:40	MEDICAL -SICK CALL WITH NURSE	\$ 5.00	\$ 5.00
04/26/10	19:45	MEDICAL -SICK CALL WITH NURSE	\$ 5.00	\$ 5.00
05/10/10	17:07	ADM FEE -CASE#4/30/1008:151B02	\$ 10.00	\$ 10.00
05/27/10	10:25	MEDICAL -SICK CALL WITH NURSE	\$ 5.00	\$ 5.00
05/29/10	11:22	MEDICAL -INMATE DECLARED EMER	\$ 7.00	\$ 7.00
05/31/10	15:45	MEDICAL -SICK CALL WITH NURSE	\$ 5.00	\$ 5.00
06/03/10	08:10	MEDICAL -SICK CALL WITH NURSE	\$ 5.00	\$ 5.00
07/01/10	00:00	MEDICAL -SICK CALL WITH NURSE	\$ 5.00	\$ 5.00
07/02/10	00:00	MEDICAL -INMATE DECLARED EMER	\$ 7.00	\$ 7.00
07/04/10	14:34	MEDICAL -INMATE DECLARED EMER	\$ 7.00	\$ 7.00
07/08/10	13:07	MEDICAL -INMATE DECLARED EMER	\$ 7.00	\$ 7.00
07/12/10	12:54	ADM FEE -CASE#6/24/1017:551B02	\$ 10.00	\$ 10.00
07/21/10	08:30	MEDICAL -SICK CALL WITH NURSE	\$ 5.00	\$ 5.00
08/03/10	00:00	MEDICAL -SICK CALL WITH NURSE	\$ 5.00	\$ 5.00
08/16/10	15:49	ADM FEE -CASE#8/06/1007:351B03	\$ 10.00	\$ 10.00